## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997  Application or Docket Number													
: CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
FOR			NUMBE	BER FILED NUMBER			EXTRA	RAT	E	FEE		RATE	FEE
BAS	IC FEE							395.00			OR		790.00
тот	AL CLAIMS		1	/3 minus 20 =			•				OR	x\$22=	· <del>7</del> *
INDE	PENDENT CLA	AIMS	minus 3 = *				x41	=		OR	x82=		
MUL	MULTIPLE DEPENDENT CLAIM PRESENT							+13	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							тот	AL		OR	TOTAL	790	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		REM. AF	AIMS AINING TER IDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N O N	Total	*		Minus	**		=	x\$11	=		OR	x\$22=	
ME	Independent	*		Minus ***			=	x41=			OR	x82=	
<u> </u>	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=	
	(Column 1) (Column 2) (Column 3)							TO ADDIT. I	TAL		OR ,	TOTAL ADDIT. FEE	
ENT B		CL REM. AF	AIMS AINING TER IDMENT		HIGH NUM	HEST IBER OUSLY	PRESENT EXTRA	RAT	E ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*		Minus	**		=	x\$1	l=		OR	x\$22=	
AMENDME	Independent	*		Minus	***		=	x41	=		OR	x82=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	
	(Column 1) (Column 2) (Column 3)						TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C	1.6	CL REM AF	AIMS AINING TER IDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**	_	=	x\$1	1=		OR	x\$22=	
	Independent	*		Minus	***		= '	x41	=		OR	x82=	
<b> </b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 5=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This for INTERNAL PTO USE ONLY-It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	:		174	05	7
K.F. Communication of the Comm	7	7			

## Total Fee Calculation

•		104110	Calcula	amon				•
. •	Fee Code	Total # Claims	Number Extra	_X	Fee	Fee	=	Total
	Sm/Lg.	Ç.			Sm. Entity	Lg. Entity	در	<del></del> :
Basic Filing Fee	201/101				·	790	_	<u> </u>
Total Claims >20	203/103		:	X				110
Independent Claims >3	202/102			x				
Mult. Dep Claim Present	204/104						_	<del></del>
Surcharge	205/105					130	_	/3 3
English Translation	139	·				150	-	<u> 130</u>
TOTAL FEE CALCULA	ATION							920
Fees due upon filing the	ne application							
Total Filing Fees Due		921	0,50	<u>-</u> _	· .			
Less Filing Fees Subm	itted - \$							· .
BALANCE DUE	= \$	9.	20,00	_				
	· Artes						·	,
Office of Initial Patent	Examination		t. <del>-</del> -	٠ -		_		

Figurë 7